## STATE OF NEW HAMPSHIRE

# ${\bf 2018} \,\, {\bf Statement} \,\, {\bf of} \,\, {\bf Income} \,\, {\bf and} \,\, {\bf Expenses}$ for LOBBYISTS

(RSA Chapter 15)

RECEIVED

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## PLEASE PRINT

I. Name of Lobbyist(s) Michelle Samooin	NEW HAMPSHII
II. Name of lobbyist's partnership, firm or corporation, if any:	DEPARTMENT OF S
(Name of partnership, firm or corporation)	
102 Lakeview Heights Alexandra VH 332 Business Address: (Street) (Town/City) (State)	)22 -6562 (Zip Code)
603 524-2468 ( ) e-mail My C	halle @ coldf. org
III. This statement covers: (Choose one – file separate reports for each client, OR you neeportable expense transactions which are not attributable to any one client).	nay file a separate report for
☐ All reportable transactions occurring in the months prior to the reporting date relative to	the following client:
(Full Name of Client as it appears on the Lobbyist Registration Form)  OR	fense Fund
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbyist unrelated to any particular client.	ng firm listed below which are
IV. Date of Report April 25, 2018   Suly 25, 2018   July 25, 2018   activity from date of registration to 3/31/18   April 25, 2018   activity from 4/1/18 to 6/30/1	78
October 31, 2018   January 30, 2019   activity from 7/1/18 to 9/30/18   activity from 10/1/18 to 12/3	21/18
V. There have been no fees received and no reportable transactions made since If this box is checked, complete just this form and submit it to the Secretary of State's Office, Concord, NH 03301.	
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must file <b>Addendum A</b> – Fees and I	•
☐ If you have paid an honorarium or reimbursed expenses, you must file <b>Addendum B</b> − R Expense Reimbursement	eport of Honorariums or
☐ If you, your firm, or your family has made political contributions, you must file <b>Addend</b>	um C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the and complete to the best of my knowledge and belief.	e foregoing information is true
Michelle Sandon (Signature of lobbyist)  Michelle Sandon (Di	
(Signature of lobbyist) (De	ate)
(Print Name of lobbyist)	

# LEASE PRINT

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Michelle Samporn		
II. Name of lobbyist's partnership, firm or corporation, if any:		
(Name of partnership, firm or corporation)		
III. Name of Client <u>CELDF</u>	Date	3/3/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, o	or public relations services
a) Total of all fees received in this reporting period	a) \$	429 -
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ ear)	8
c) Total of all fees received to date (Add lines a and b)	c) \$	429-
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	8
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if may be file e aggregate xpenses; (b) le: meals pu ss than \$10 ed with a va orting period ue of greate er than \$25, , expense re	expenditures are made by d for the lobbyist(s)/firm total of all expenses paid the aggregate total of all archased during a business that is given to the person lue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50 eimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$	
in a), of \$25 or less.	b) \$	
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	

d) Total expenses for this reporting period	d) \$
<ul><li>(Add lines a, b and c)</li><li>e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)</li></ul>	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s (X)
	\$
	\$
	\$
	<b>3</b>
Sworn Statement/Affirmation by Lobbyist	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
is the and complete to the best of my knowledge and benefit.	
Antdoor Soular	(Date)
(Signature of lobbyist)	(Date)
(Signature of lobbyist)  Michaele Sarbon  Original Sarbon	
(Print Name of lobbyist)	